



DEIDRE S. GIFFORD, MD, MPH
Commissioner

Farmers Markets and Direct Marketing Farmers SNAP Wireless Equipment Grant Letter of Intent

The Connecticut Department of Social Services (DSS) has received limited funding to supply wireless Point of Sale (POS) devices to eligible SNAP-authorized farmers markets (FM) and direct-marketing farmers (DMF).

The wireless POS devices can only be used to process SNAP EBT transactions, and will be available to eligible markets on a first come, first serve basis beginning in May 2020 and ending no later than September 30, 2021.

The request for a wireless POS device can only be submitted after the market has been authorized to accept SNAP by USDA Food and Nutrition Services (FNS).

By completing, signing and submitting this form, the market identified below is requesting DSS provide them with a wireless POS terminal for the purpose of processing SNAP EBT transactions at their FM or DMF, at no cost to the market through 09/30/2021 (or sooner as agreed upon by all parties). The market agrees to utilize the equipment to process SNAP EBT transactions, and overtly acknowledges that, if they do not use it within a year, FNS may deactivate the equipment and require it be returned to CT DSS, or their designee.

Unless required to return the equipment, the wireless POS device provided to FM or DMF will be the property of the FM or DFM. The FM or DMF will be responsible for all fees related to accepting SNAP benefits effective 10/01/2021.

To request a wireless POS device, submit signed and completed forms to Crystal Morris-Crenshaw, Crystal.Morris@ct.gov, with the Connecticut Department of Agriculture. Questions not addressed in the FAQ's can be directed to Jaime Smith at the Connecticut Department of Agriculture, Jaime.Smith@ct.gov or Kristin Krawetzky at the Connecticut Department of Social Services, Kristin.Krawetzky@ct.gov.

The CT DSS and DoAg are not responsible for misdirected emails.



BRYAN P. HURLBURT Commissioner



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Farmers Markets and Direct Marketing Farmers SNAP Wireless Equipment Grant Letter of Intent cont.

Date:	FNS # (seven digits):
Name of Entity:	
Location (full address):	
Type of Market (circle one): Farmers' Market	Direct Marketing Farmer
Contact name (printed/typed):	
Phone:	Email:
Signature (typed signature allowed):	
Do you already accept SNAP?: Yes □ No □ ○ If yes, do you have functioning wireless equipment?: Yes □ No □	
\circ Do you already have a POS device that accepts credit and/or debit cards? Yes \square No \square	
2020 Season start date	Season end date
2021 Season start date (aprox.)	Season end date (aprox.)
☐ I realize additional information will be r POS SNAP device.	equired to complete the application process prior to obtaining a

Incomplete request forms will not be processed.

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